MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10800

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) REBECCA (Middle) J. (Last) BARRETT

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 17 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Jones

14. MOTHER'S MAIDEN NAME: Margaret J. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Ray Cantler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency

422.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932

(b) Arterial Sclerotic & V Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..40, to Nov 3, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis A Hunt, M.D. ADDRESS Delta. Pa. DATE SIGNED 11/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 6, 1949

NAME OF CEMETERY OR CREMATORY: Slate Ridge cem.

LOCATION (City, town, or county): Delta, (State) Pa.

DATE REC'D BY LOCAL REG. Nov 6 1949

REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR: Hubert P. Harkins ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10801

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital Havre de Grace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Maryland
STREET ADDRESS (If rural give location) Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) NICODEMUS (Middle) (Last) BIGGS

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 24 1946

9. AGE last birthday: 3 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Harford Memorial Hospital

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Robert Lewis Johnson

14. MOTHER'S MAIDEN NAME: Mary Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no — (If yes, give war or dates of service)

15. SOCIAL SECURITY NO. —

17. INFORMANT: Mary E. Biggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

491 **Immediate cause** (a) Acute suppurative meningitis probably streptococcic — about one week.

108 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia lobular

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Mouth) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
H. L. Wollenweber M.D. — 225 Medical Arts Bldg. Baltimore 1, Md. — 11-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 29, 1949 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county): Near Aberdeen — (State): Md.

DATE REC'D BY LOCAL REG.: Nov. 28-49 — REGISTRAR'S SIGNATURE: G. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Henry Jarrings & Sons — ADDRESS: Aberdeen, Md.

RECEIVED
NOV 29 1949
BUREAU V. A.

10802

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Route 40 Aberdeen Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 49 Avalon ave

3. NAME OF DECEASED (Type or Print) (First) Basil (Middle) Brown (Last) Brashear
4. DATE OF DEATH (Month) Nov (Day) 11 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 2/29/1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Digital Depot worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alfred Basil Brashear
14. MOTHER'S MAIDEN NAME Mary Beer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY No. 700-25-0703
17. INFORMANT Roselma Struble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull — INTERVAL BETWEEN ONSET AND DEATH: none

8165

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) N S Route 40 (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Nov. (Day) 11 (Year) 1949 (Hour) 10 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit parked truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer (Degree or title) MD Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 11/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov. 13, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Uniontown (State) Penna.

DATE REC'D BY LOCAL REG. Nov. 12-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Laning & Sons ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

RECEIVED
NOV 10 1949
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10803 182

1. PLACE OF DEATH: COUNTY HARFORD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PYLESVILLE Rural
LENGTH OF STAY (In this place) LIFE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Pylesville R.D.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) BUCHANAN

4. DATE OF DEATH (Month) Nov (Day) 13 (Year) 1949

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Nov 5 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Pylesville Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carl Buchanan
14. MOTHER'S MAIDEN NAME Jennie Blaing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Luella Buchanan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH 2 YRS

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GLOMERULAR NEPHRITIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Nov. 13, 1949, that I last saw the deceased alive on Nov. 11, 1949, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE Charles C. Neff (Degree or title) MD. ADDRESS Street, Md. DATE SIGNED 11-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 16 1949
NAME OF CEMETERY OR CREMATORY Christ Grove Md
LOCATION (City, town, or county) Rocks (State) Md

DATE REC'D BY LOCAL REG. 11/15/49
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR W. Howard Webb Fawn Grove Pa ADDRESS

RECEIVED
NOV 17 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10804

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fountain Green Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charlotte	Kelly	Bull	Nov	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	abt 1875	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housework	Harford Co Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Kelly	Elizabeth E Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Eugene Ball

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
413 Immediate cause	(a) Cerebral Hemorrhage	3½ da
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-Vascular Disease	5
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1949, to Nov 18, 1949, that I last saw the deceased alive on Nov 18, 1949, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D. — Forest Hill Md — 11-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 20/49	Thomas Run Methodist	Bel Air (Rural) Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
11/18/49	Priscilla Forwood	Joseph T Foard Belair Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10805

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) C (Last) Cheek

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Nov. 11, 1869

9. AGE last birthday: 79 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Sharta North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Meridith Cheek

14. MOTHER'S MAIDEN NAME: Sallie Cheek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT: Mr. Wayne Cheek Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Congestive Heart failure — Interval between onset and death: 3 wks.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V desease

(c) Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Nov. 3, 1949, that I last saw the deceased alive on Nov. 2, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Malcolm Dudley Phillips MD | Darlington Md | Nov. 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Buried | Nov. 5 1949 | Mt. Zion Cem. | Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Nov. 4 1949 | C. H. Kirk | H. S. Bailey | Darlington, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10806

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fallston | LENGTH OF STAY (In this place) Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston -
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Wilbur (Middle) (Last) Clayton

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: Feb. 11 - 1870 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Watch repairing

11. BIRTHPLACE (State or foreign country): Fork. Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unable to obtain

14. MOTHER'S MAIDEN NAME: Unable to obtain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lawrence Clayton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — none

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 11/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov. 12 - 1949 | NAME OF CEMETERY OR CREMATORY Fork Methodist Cemetery | LOCATION (City, town, or county) Fork - (State) Md

DATE REC'D BY LOCAL REG. 11/11/49 | REGISTRAR'S SIGNATURE Priscilla Lowood | 24. FUNERAL DIRECTOR W.T. Archer | ADDRESS Benson Md

VS. A15A

RECEIVED
JUL 14 1949
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

10807

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 189

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Frances (Last) Daniels

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 7-1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington Del

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerome Emery

14. MOTHER'S MAIDEN NAME: Mary Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Mary A Fowood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 Mon

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Coronary Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to Nov 15, 1949, that I last saw the deceased alive on Nov 15, 1949, and that death occurred at 11:55P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 11/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: Nov 18/49 — NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 11/17/49 — REGISTRAR'S SIGNATURE: Priscilla Fowood

24. FUNERAL DIRECTOR — ADDRESS: McCully Funeral Home

Mary Frances Daniels.

MARYLAND STATE DEPARTMENT OF HEALTH

10808

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A (Last) Dorsey

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: On Farm

11. BIRTHPLACE (State or foreign country): York Co. Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Dorsey

14. MOTHER'S MAIDEN NAME: Martha Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT: Mrs. John Dorsey Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic C V disease	none
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 1 year

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 11/23/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Nov 27 1949 — NAME OF CEMETERY OR CREMATORY: Zion Cem — LOCATION (City, town, or county) (State): York Co., Penna

DATE REC'D BY LOCAL REG.: Nov 26, 1949 — REGISTRAR'S SIGNATURE: C. H. Kirk — 24. FUNERAL DIRECTOR: H. B. Bailey — ADDRESS: Darlington Md.

RECEIVED
DEC 6 1949
BUREAU V. S.

10809

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (In this place) 18 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) ~~Bruce~~ Daniel (Middle) Bruce (Last) Dutton
4. DATE OF DEATH (Month) November (Day) 2 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/18/1889
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin Luther Dutton
14. MOTHER'S MAIDEN NAME Mary E. Phillippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. C. L. Winn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Gun shot wound cerebrum — none

164 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation L. arm — 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Fallston (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 2 1949 7 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with pistol

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford County Bel Air Md 11/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov. 4, 1949
NAME OF CEMETERY OR CREMATORY Rural Retreat
LOCATION (City, town, or county) Rural Retreat (State) Virginia

DATE REC'D BY LOCAL REG. 11/3/49
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

NOV 7 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10810

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) William (Last) Elliott

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 5th 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Elliott

14. MOTHER'S MAIDEN NAME: Mary Alice Duff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): after 1.

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorthy Dalton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

50210 Immediate cause (a) Congestive Heart Failure

1066 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis

(c) Emphysema, chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 22, 1949, to Nov 3, 1949, that I last saw the deceased alive on Nov 2, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE J. W. Romney (Degree or title) M. D ADDRESS Aberdeen, Md. DATE SIGNED Nov 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 5th. 1949 | NAME OF CEMETERY OR CREMATORY: Baker's Cemetery | LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG. Nov. 5-49 | REGISTRAR'S SIGNATURE Nellie A. Riley | 24. FUNERAL DIRECTOR: Henry Tarring and Son | ADDRESS

VS. A15

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NOV 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10811

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air | LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
STREET ADDRESS (If rural, give location) Creswell

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) E. (Last) Elsner
4. DATE OF DEATH: (Month) Nov. (Day) 10th (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept. 6th 1876 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harvey
14. MOTHER'S MAIDEN NAME: Sarah Mallick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Robert C. Elsner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Cerebral Hemorrhage — 1 hrs

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic Ca - Primary site Breast — 2 yrs

(c) Hypertensive C-V Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION: June 1945
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1941, to Nov, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 2:15 A.m., from the causes and on the date stated above.
SIGNATURE J. Ralph Horky (Degree or title) ADDRESS Churchville Md DATE SIGNED Nov 11 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 12th 1949 | NAME OF CEMETERY OR CREMATORY: Bakers | LOCATION (City, town, or county): Aberdeen (State): Md

DATE REC'D BY LOCAL REG. Nov. 12-1949 | REGISTRAR'S SIGNATURE Nellie H. Tilley
24. FUNERAL DIRECTOR: Henry Farring & Sons ADDRESS Aberdeen, Md

VS. A15

RECEIVED
NOV 16 1989
U.S.P.T.O.

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10812

FILM No. G 122 NOV 29 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; MARYLAND; LENGTH OF STAY (in this place) 1 Yr. 7 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 350 Carter St.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio; COUNTY Richmond; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural give location) 350 Carter St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Ida	May	Falk		Nov.	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Nov. 9 - 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	Rawson Ohio	Rawson

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Moore	Mary Fay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Mr. Howard E. Falk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	10 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	30 minutes
	(c) Cerebral arteriosclerosis	(a) 6 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of cervix; Diabetes mellitus	(b) 3 mos. (b) 4 yr.

331
48a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/29/49	Biopsy of cervix → Squamous Carcinoma, Grade IV	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1949, to Nov. 13, 1949, that I last saw the deceased alive on Nov. 13, 1949, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Johnson	M.D.	Aberdeen, Md.	11/14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Nov. 14-1949	Mansfield	Mansfield	Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14-49	Nellie L. Riley	Henry Tawney & Sons	Aberdeen Md

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NOV 10 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10813

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Finney (Last) Gorsuch
4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Oct 17-1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Atlanta Ga.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME P Henderson McCormick
14. MOTHER'S MAIDEN NAME (Mary) Mary R Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Chas H Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981 Immediate cause (a) Gunshot wound cerebrum — INTERVAL BETWEEN ONSET AND DEATH none

166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) Nov. (Day) 24 (Year) 1949 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Husband shot her

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Gerald C Palmer M.D. (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 26/49
NAME OF CEMETERY OR CREMATORY Rock Spring Cemetery
LOCATION (City, town, or county) Forest Hill (State) Md

DATE REC'D BY LOCAL REG. 11/25/49
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Jos T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10814

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18-2

1. PLACE OF DEATH: COUNTY - Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Stanley (Last) Gorsuch
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: Feby 1887
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): Fork Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James F Gorsuch
14. MOTHER'S MAIDEN NAME: Anna P Ridlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, nr unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs J F N Gorsuch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976 Immediate cause	(a) Gunshot wound cerebrum	none
164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Bel Air (COUNTY): Harford (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 24(?) 1949 ? m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self after killing two others

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Gerald C Palmer MD (Degree or title): Deputy Medical Examiner ADDRESS: Harford Co. Bel Air Md. DATE SIGNED: 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov 26/49
NAME OF CEMETERY OR CREMATORY: Rock Spring Cemetery
LOCATION (City, town, or county) (State): Forest Hill Md

DATE REC'D BY LOCAL REG.: 11/25/49
REGISTRAR'S SIGNATURE: Priscilla Foxwood
24. FUNERAL DIRECTOR: Joseph T Foster ADDRESS: Bel Air Md

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10815

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural give location) 837 FIRE STREET

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) Fernandus (Last) HARTS

4. DATE OF DEATH: (Month) NOVEMBER (Day) 6 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 27 Aug. 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 2 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY BUSINESS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY HARTS

14. MOTHER'S MAIDEN NAME: SARAH HARVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-5184

17. INFORMANT: MRS. EVA R. HARTS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anemia — 3 days

151 466

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 31, 1949

19b. MAJOR FINDINGS OF OPERATION: Extensive Adenocarcinoma of Stomach

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1949, to Nov 6, 1949, that I last saw the deceased alive on Nov 6, 1949 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel P. Dolse, M.D. Havre de Grace, Md. Nov 6 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 9 1949

NAME OF CEMETERY OR CREMATORY Swan Creek

LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 8-49

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

RECEIVED
NOV 10 1949
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

10816

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) 48 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park Bay Shore Long Island
STREET ADDRESS (If rural, give location) R. D. #1 Box #64

3. NAME OF DECEASED (Type or Print): (First) Jay (Middle) (Last) Hill

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct 6, 1881

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Paw Paw, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Forrest M. Hill

14. MOTHER'S MAIDEN NAME: Flora Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 218-07-7501

17. INFORMANT: George Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture Skull	Two One Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
816.5 170c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Multiple Lacerations + Abrasions — One Day

19a. DATE OF OPERATION: Nov 2, 1949 | 19b. MAJOR FINDINGS OF OPERATION: Depressed Fracture Skull | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Harford Memorial Hospital | (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 31, 1949 10½ m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Car hit by tractor trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Jerald C Palmer MD Deputy Medical Examiner | Harford Co. Bel Air Md. | Nov 3, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE THEREOF Nov. 7 1949 | NAME OF CEMETERY OR CREMATORY Kalamazoo Mich | LOCATION (City, town, or county) (State) Kalamazoo Mich

DATE REC'D BY LOCAL REG. Nov. 6, 1949 | REGISTRAR'S SIGNATURE C. L. Lewis M. D. | 24. FUNERAL DIRECTOR H. S. Bailey | ADDRESS Darlington Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10817

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Luzerne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilkes-Barre
STREET ADDRESS (If rural, give location) 37 Huber St.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) (Last) Kuderski
4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 19 49
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 7, 1900
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): upholster
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Kuderski
14. MOTHER'S MAIDEN NAME: Josephine Kozlowski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 189-03-3944
17. INFORMANT: Andrzej Kuderski Funeral Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Crushing injury R chest — none

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture both bones both legs — none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: US Route 40 (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14 1949 2:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Hit by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Lloyd C. Palmer MD | County Medical Examiner Harford Co | Bel Air Md. | 11-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: Nov. 16, 1949 | NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery | LOCATION (City, town, or county): Wyoming, Luzerne | (State): Penna.

DATE REC'D BY LOCAL REG.: Nov. 15-49 | REGISTRAR'S SIGNATURE: Nellie H. Tilley | 24. FUNERAL DIRECTOR: Henry Tarring and Sons | ADDRESS: Aberdeen Md.

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NOV 17 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10818

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Rutledge (Last) McCormick

4. DATE OF DEATH: (Month) November (Day) 26 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 1866 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Bel Air Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elijah Holland
14. MOTHER'S MAIDEN NAME: Josephine Rutledge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Edna H Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
981 Immediate cause	(a) Gunshot wound cerebrum	none
166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 24(?) 1949? m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stanley McKnight shot her

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11 26/49
NAME OF CEMETERY OR CREMATORY Rock Spring Cemetery
LOCATION (City, town, or county) Forest Hills (State) Md

DATE REC'D BY LOCAL REG. 11/25/49
REGISTRAR'S SIGNATURE Priscilla Norwood
24. FUNERAL DIRECTOR Joseph I Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 29 1949
BUREAU V. S.

11224

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford Md. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (In this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Tenn. COUNTY: Greene
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Fall Branch~~ Chuckey
STREET ADDRESS (If rural, give location): Rt #2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) L (Last) Parker

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 18, 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months 0 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosp. Attendant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Parker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Cpl. Harold Parker, Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 **Immediate cause** (a) Suicide by hanging — Interval between onset and death: none

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Woods (CITY OR TOWN): Havre de Grace (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): not known m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hanged self in tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Gerald C Palmer M.D. Deputy Medical Examiner — ADDRESS: Harford Co. Bel Air Md — DATE SIGNED: 11/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 27 1949 — NAME OF CEMETERY OR CREMATORY: Pleasant Hill — LOCATION (City, town, or county) (State): Green County, Tenn.

DATE REC'D BY LOCAL REG.: Nov. 25. 49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR — ADDRESS: Hugh Funeral Home Greeneville Tenn.

VS. A15A

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NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 181

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County: HARFORD
   City or town: ABERDEEN
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution: Station Hospital, Aberdeen Proving Grounds
   Length of mother's stay in County: 2 wks.
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State: MARYLAND
   County: HARFORD
   City or town: ABERDEEN
   (If outside city or town limits, write RURAL and give nearest town)
   Street No.: Bouzarth's Trailer Camp
   (If RURAL give LOCATION)

3. Name of child:

4. Date of birth: 11/1 1949 Hour: 9:00 A.M.

5. Sex: Male | 6. Twin or triplet:

7. No. of weeks pregnancy: 33

FATHER OF CHILD

8. Full name: Milton Halsley Parsons
9. Color: W 10. Age at time of this birth: 30 yrs.
11. Usual occupation: Sargeant, U.S. Army

MOTHER OF CHILD

12. Full maiden name: Ann Alice Harris
13. Color: W 14. Age at time of this birth: 29 yrs.
15. Usual occupation: Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2
    (b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No
18. Pregnancy, complications of: None
19. Labor: (a) Complications of: None
    (b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
    (b) State all operations, if any: —
    (c) Did child die before operation? No
    During operation? No.

21. Cause of ~~stillbirth~~ Death. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
    (a) Fetal causes: Deformity of Right chest & Atelectasis of Right Lung
    (b) Maternal causes: None
    762.0

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
    161a
    Signature: Louis Lemen MD
    (Specify if M. D., midwife, or other)
    Address: Aberdeen Proving Grounds Hosp.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof Nov. 4 1949 (month) (day) (year)
    (c) Cemetery or crematory: Aberdeen Proving ground
24. (a) Funeral director: H.K. McComas Son
    (b) Address: Aberdeen Md

25. (a) Nov. 8-49 (Date rec'd by registrar) (b) Nellie F. Riley (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
    Health Officer, per

* See Instruction C on stub.

Child lived 6 hours

V. S. A10

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OCT 3 1949
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10820

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boswell
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) W. (Last) Piper

4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH July 19 1879
9. AGE last birthday 70 yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Rebecca Dunce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Harry Piper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

I saw him immediately after death.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.15 P.m., from the causes and on the date stated above.

SIGNATURE Howard D. Holloway (Degree or title) ADDRESS DATE SIGNED 12/1/49.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Dec 1st 1949
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Jennerstown, Somerset, Pa.

DATE REC'D BY LOCAL REG. Dec. 1-49
REGISTRAR'S SIGNATURE Nellie H Riley
24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS aberdeen md

DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10821

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Viola (Middle) Mabel (Last) Preston

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: 19 March 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Will Osborne

14. MOTHER'S MAIDEN NAME: Mabel Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-24-3686

17. INFORMANT: Mabel Osborne, Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease

416
95b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Nov, 19 49 to 30 Nov, 19 49, that I last saw the deceased alive on 30 Nov, 19 49 and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. H. Bisharat M. D. ADDRESS Harford Memorial Hospital Havre de Grace Md. DATE SIGNED Nov. 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 3, 1949

NAME OF CEMETERY OR CREMATORY: Asbury

LOCATION (City, town, or county) (State): Churchville Harford Co Md

DATE REC'D BY LOCAL REG. Dec 6-49

REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Howard K. McComas & Son ADDRESS: Abingdon Md

VS-A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10822

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (In this place): 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 666 Green

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Minnie	Madeline	Price	II	28	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	About Unknown 1871	About 78 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Powatan, Balto. Co.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel M. Rimmey	Eliza Harn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		R.F.Price 666 Green St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion acute

420.1 Antecedent cause(s)

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 11-28., 1949 to ——, 19....., that I last saw the deceased alive on 11-28., 1949 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: A. L. Lewis M.D. (Degree or title) ADDRESS: Havre de Grace, Md. DATE SIGNED: 11-30-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	II/30/49	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 30-49	A. L. Lewis M. D.	Pennington & Son, Havre de Grace, Md.

RECEIVED
DEC 2 1949
BUREAU V. S.

10823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural give location) 610 Congress Avenue

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) E. (Last) Quinn
4. DATE OF DEATH (Month) November (Day) 8 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 8 1879
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Daughter (Mrs. Helen McKee Fry)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Cachexia

46 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Sigmoid with generalized metastatic Carcinomatosis (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1949, to Nov. 8, 1949, that I last saw the deceased alive on Nov 8, 1947, and that death occurred at 4:25 P.m., from the causes and on the date stated above.

SIGNATURE E. H. Bisharat M.D. (Degree or title) ADDRESS Harford Memorial Hospital Havre de Grace Md. DATE SIGNED Nov. 8, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov. 12 - 49 NAME OF CEMETERY OR CREMATORY Holy Sepulcher LOCATION (City, town, or county) Tenna. (State)
DATE REC'D BY LOCAL REG. Nov. 9-49 REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1949
U.S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11824

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Street, Hoyland | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stick | LENGTH OF STAY (in this place) 90 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Hoyard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Ramlet

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: or 1853

9. AGE last birthday: 96 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Ramlet

14. MOTHER'S MAIDEN NAME: Elizabeth Stuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Curtis Stuck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
442	Immediate cause	(a) Uremic poisoning	Unknown
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiorenal disease	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1949, to Nov. 22, 1949, that I last saw the deceased alive on Nov. 22, 1949, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Charles E. Wolf	M.D.	Street	Md	11-23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 26/1949	Highland	Street	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/23/49	Priscilla Forwood	W. Howard Webb	Forest Grove Rd

RECEIVED
NOV 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10825

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Deaver Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Liberty Grove
STREET ADDRESS (If rural, give location) Concord Fields ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Riale

4. DATE OF DEATH: (Month) November (Day) 22, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 30, 1878

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Pa. R. R.

11. BIRTHPLACE (State or foreign country): Cecil Co. Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Riale

14. MOTHER'S MAIDEN NAME: Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Minnie G. Riale Liberty Grove, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis Acute	24 hrs
151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Cancer Lungs	8 wks
46b	(c) Cancer of Stomach	4½ yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chronic — 3 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1946, to Nov. 22, 1949, that I last saw the deceased alive on Nov. 21, 1949, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE W. B. Chandler (Degree or title) M.D. ADDRESS Box 1 Dispos. t 2l DATE SIGNED 11-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 24. 1949 | NAME OF CEMETERY OR CREMATORY: West Nottingham Ceme | LOCATION (City, town, or county) (State): Colora, Maryland.

DATE REC'D BY LOCAL REG. Nov. 23-49 | REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS Perryville, Lee A. Patterson & Son, Maryland.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10826

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank Anthony (Middle) (Last) Sawdargs

4. DATE OF DEATH (Month) Nov. (Day) 12, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mar. 7, 1877

9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Own

11. BIRTHPLACE (State or foreign country) Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charlie Sawdargs

14. MOTHER'S MAIDEN NAME Marie Sawdargs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-12-2681

17. INFORMANT Paul Sawdargs, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161 Immediate cause (a) Cancer of larynx — Interval between onset and death: 5 months

47a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. advanced arterial sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1949, to 11-12, 1949, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ted O Hodson M.D ADDRESS Edgewood Md DATE SIGNED 11-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/15/49

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Abingdon, Md.

DATE REC'D BY LOCAL REG. Nov 15 1949

REGISTRAR'S SIGNATURE Mame M Mondodale

24. FUNERAL DIRECTOR Howard R McComas & Son ADDRESS Abingdon, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

10827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Forest Hill (Rural) — LENGTH OF STAY (in this place): 15 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Forest Hill (Rural)
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Albert (Last) Standiford

4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 3 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months 7, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Upper X Roads Harford Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles R. Standiford
14. MOTHER'S MAIDEN NAME: Cassandra Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Eleanor Standiford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Head of Pancreas — ?

157 Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1948, to Nov 24, 1949, that I last saw the deceased alive on Nov 8, 1949, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov 29-49 — NAME OF CEMETERY OR CREMATORY: Waugh Chapel — LOCATION (City, town, or county) (State): Glen Arna Balto, Md

DATE REC'D BY LOCAL REG.: 11/25/49 — REGISTRAR'S SIGNATURE: Priscilla Lowood

24. FUNERAL DIRECTOR: Martin G. Kurtz — ADDRESS: Jarrettsville Md

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ Death

Reg. Dist. No. 182 10828

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County Harford
   City or town Bel-air
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution: Fountain Green Hospital
   Length of mother's stay in County 3 years
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State Maryland
   County Harford
   City or town White Hall
   (If outside city or town limits, write RURAL and give nearest town)
   Street No.
   (If RURAL give LOCATION)

3. Name of child Baby Swift.
4. Date of birth Nov 29 1949 Hour 3 59 a M.
5. Sex Female 6. Twin or triplet
7. No. of weeks pregnancy

FATHER OF CHILD

8. Full name Charles Linwood Swift Jr.
9. Color White 10. Age at time of this birth 20 yrs.
11. Usual occupation Farmer

MOTHER OF CHILD

12. Full maiden name Jane Roberta Dick.
13. Color White 14. Age at time of this birth 17 yrs.
15. Usual occupation House-wife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
    (b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No
18. Pregnancy, complications of No
19. Labor: (a) Complications of No
    (b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
    (b) State all operations, if any None
    (c) Did child die before operation? No
    During operation? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
    (a) Fetal causes Monstrosity - multiple bone tumors.
    (b) Maternal causes —

750

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
    157m
    Signature Robert Bartlett MD.
    (Specify if M. D., midwife, or other)
    Address Forest Hill Md.

23. (a) Burial (b) Date thereof Nov 32-49
    (Burial, cremation or removal) (month) (day) (year)
    (c) Cemetery or crematory Bethel
24. (a) Funeral director Martin E. Hurst
    (b) Address Jarrettsville Md

25. (a) 11/30/49 (b) Priscilla Fawwood
    (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
    Health Officer, per

V. S. A10

* See Instruction C on stub.

Birth & Death. Child lived 2 hours & 24 mins.

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BUREAU. V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10829

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Wilson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md.; STREET ADDRESS (If rural give location) 313 Wilson St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Janice	A.	Thomas	Nov.	11,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar. 26 1906	43 yrs.	—			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home	Penn.	U.S.A.

13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unk.	Dodge	Sarah	Dodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Mr. Carl J. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Pulmonary Edema Cerebral hemorrhage & hemiplegia	1 week
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 4, 19 49, to Nov 11, 19 49, that I last saw the deceased alive on Nov 11, 19 49, and that death occurred at 6 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jno Walbert	M.D.	Havre de Grace Md	Nov 13 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-14-49	Angel Cemetery	Havre de Grace	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 13-49	A. L. Lewis M. D.	R. Madison Mitchell	Havre de Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10830

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill - Rural
STREET ADDRESS ✓ (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Franklin (Last) TYLER

4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1949

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov 17 - 1892

9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Labor Farm

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Dora P Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332 Immediate cause	(a) Cerebral Thrombosis	?
83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arterio-sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to Nov 23, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (Degree or title) ADDRESS Forest Hill, Md DATE SIGNED 11/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Nov 25/49 NAME OF CEMETERY OR CREMATORY Clark's Chapel LOCATION (City, town, or county) Kalmia Harford (State) Md

DATE REC'D BY LOCAL REG. 11/24/49 REGISTRAR'S SIGNATURE Priscilla Fowood

24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU A. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10831

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Bel Air Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fountain Green — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fountain Green	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Walker			4. DATE OF DEATH (Month) Nov (Day) 13 (Year) 1949		
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: May 9-1864	9. AGE last birthday: 85 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Carpenter		11. BIRTHPLACE (State or foreign country): Va	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Unknown			14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs Alice W Crowl		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332 Immediate cause (a) Cerebral thrombosis — 2.0 days

Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — years?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 1949 to 12 Nov, 1949, that I last saw the deceased alive on 13 Nov, 1949 and that death occurred at 9:16 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Richardson Jr. M.D. — ADDRESS: Bel Air Md — DATE SIGNED: 11/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov 15/49	NAME OF CEMETERY OR CREMATORY: St Pauls' Lutheran	LOCATION (City, town, or county) (State): Near Perryman Harford Co Md
DATE REC'D BY LOCAL REG.: 11/14/49	REGISTRAR'S SIGNATURE: Priscilla Forwood	24. FUNERAL DIRECTOR: Joseph T Foster Bel Air Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Evidence for additions in 18 shown on:

T No. G 1 23 DEC 20 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10832

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Illinois — COUNTY: Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chicago
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Barracks T-509, Ord Sch Det (TOS) Aberdeen PrGr, Md.	STREET ADDRESS (If rural, give location): 4823 S. St Lawrence

3. NAME OF DECEASED (Type or Print)	(First) Cohen	(Middle) Mark	(Last) White	4. DATE OF DEATH	(Month) November (Day) 28 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. ~~SINGLE, MARRIED, WIDOWED,~~ DIVORCED, (Specify)	8. DATE OF BIRTH: 17 March 1929	9. AGE last birthday: 20 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier	10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army	11. BIRTHPLACE (State or foreign country): Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Marquise Acerhart (Maiden name unknown)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): Current	16. SOCIAL SECURITY NO.: ----------	17. INFORMANT AND ADDRESS: Lt. Andrews Personnel Division (The Ord Sch)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pending labratory analysis DOA

870.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Poisoning due to heroin or other impurity.

179M (c) Heroin Addiction

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. 2. Acute congestion of viscera, acute and chronic bronchitis. Submucosal hemorrhagic bronchitis. (12-20-49 - ams)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on DOA 28 Nov 1949, and that death occurred at app. 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Roy B. Turner Capt. M.C.

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 11/30/49	NAME OF CEMETERY OR CREMATORY: Metropolitan Funeral Parlors	LOCATION (City, town, or county): Chicago (State): Ill.
DATE REC'D BY LOCAL REG.: Dec. 6-49	REGISTRAR'S SIGNATURE: Nellie H. Riley	24. FUNERAL DIRECTOR: Howard K. McCormick & Son, Aberdeen Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10833

CERTIFICATE OF DEATH

Reg. Dist. No. 18 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville — LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Martin (Last) Whiteford

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 4, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 10, Days 23, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm E. Whiteford

14. MOTHER'S MAIDEN NAME: Margaret Lorraine Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Bessie N. Whiteford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 **Immediate cause** (a) Complete cachexia & metabolic wasting — 2 years

due to

Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma (probably stomach)

(c) (not proven)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1948, to Nov 23 1949, that I last saw the deceased alive on Nov 22, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. James Thomson Jr MD — Jarrettsville, Md — 11/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 26, 1949 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Madonna, Harford Co. Md.

DATE REC'D BY LOCAL REG. 11/25/49 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10834

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill — LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill, Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Louise (Last) Wilson

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 14 1867

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas C. Trout

14. MOTHER'S MAIDEN NAME: Gemmill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. B. Frank Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — 2 da

420.1 Antecedent cause(s) (a) CORONARY THROMBOSIS — 12 hrs

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advanced Arterio-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to Nov 7, 1949, that I last saw the deceased alive on Nov 7, 1949, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D — ADDRESS: Forest Hill Md — DATE SIGNED: 11/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 10-49 — NAME OF CEMETERY OR CREMATORY: West Liberty — LOCATION (City, town, or county) (State): White Hall, Rural Md

DATE REC'D BY LOCAL REG.: 11/9/49 — REGISTRAR'S SIGNATURE: Priscilla Fawwood

24. FUNERAL DIRECTOR — ADDRESS: Howard S. Mankins White Hall Md

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